









DMAS UPDATE

Joint HHR Oversight Subcommittee OCTOBER 5, 2021

KAREN KIMSEY
Director



Agenda

- Forecast
- Post Federal Public Health Emergency (PHE)
- Service Facilitation
- Behavioral Health Dashboard
- Adult Dental Update
- Other Priority Updates

Medicaid Serves 1 in 5 Virginians



Children

791,000



Pregnant Women

28,000



Older Adults

82,000



Individuals with Disabilities

153,000



Adults

731,000

Medicaid plays a critical role in the lives of over 1.8 million Virginians

Medicaid Enrollment

1,531,923 members

1,908,011 members

March 12, 2020 State of Emergency October 1, 2021

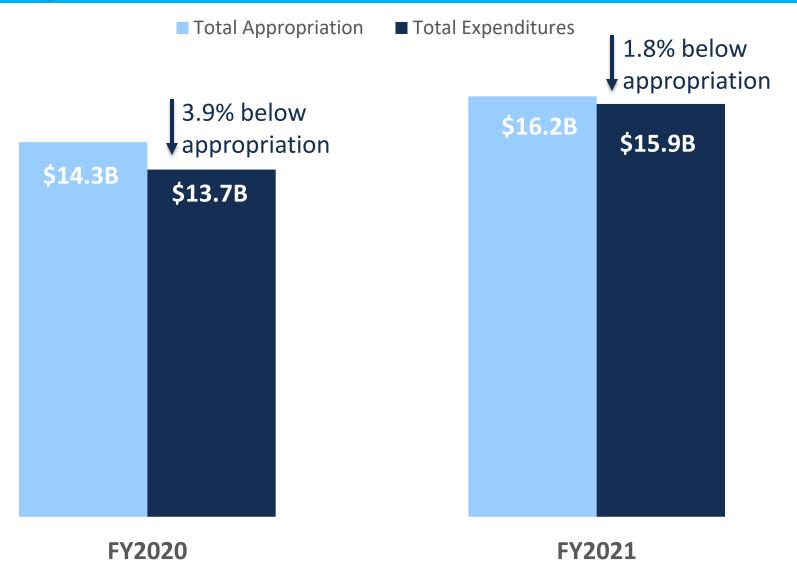
- Since the State of Emergency was declared, Medicaid has gained
 373,634 new members
 - 197,197 are in Medicaid Expansion
 - 116,943 are children
- Medicaid gained more than 4,732 new members last week



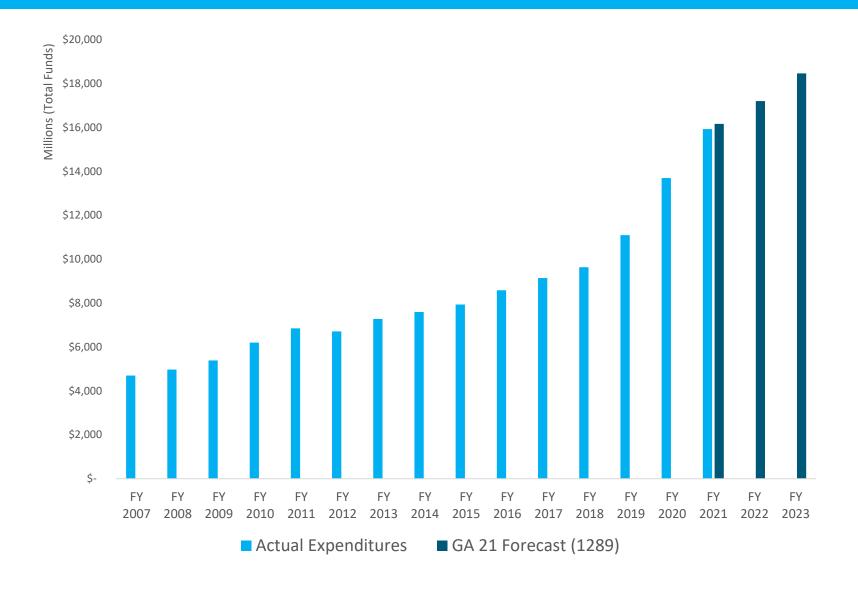
FORECAST



Medicaid Accuracy Report YOY Comparison

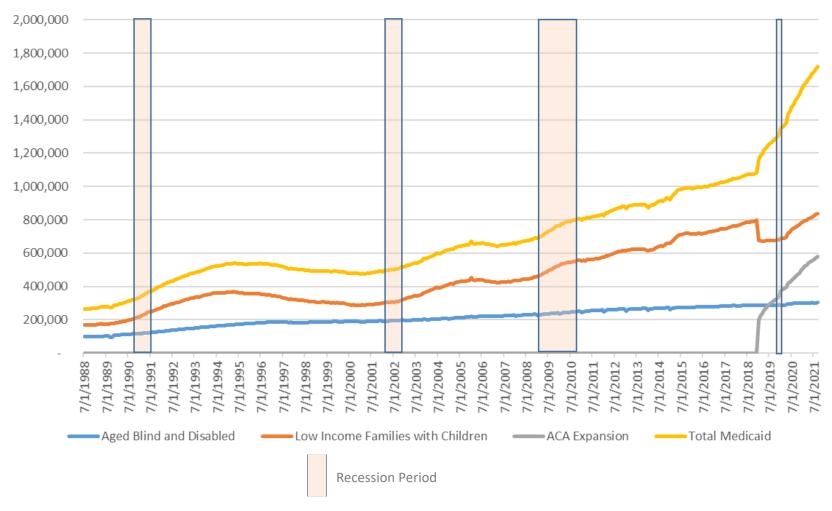


Medicaid Expenditure History



Key Forecast Driver: Population Growth





Expected Drivers of 2022 GF Forecast

- End of the public health emergency:
 - Virginia has saved an average of \$133M a quarter during the PHE because of enhanced federal funding
 - End of PHE does not immediately end continuous coverage costs but does end enhanced funding
- Regular program growth (medical inflation, population growth, etc.)
- Full ramp up of previously approved policy changes (Dental, etc.)
- Open Issue: Reinvestment of ARP HCBS General Fund savings from FY 21 and FY22 in FY22-24

POST FEDERAL PUBLIC HEALTH EMERGENCY (PHE)



COVID-19 Related Eligibility & Enrollment

Teams moved aggressively to assist members during the COVID-19 crisis.

Continuation of Coverage

- Delayed acting on changes affecting eligibility
- Expanded redetermination timelines
- Continuation of coverage for all Medicaid and CHIP members
- Waive out-of-pocket costs to members for duration of state emergency

End of Public Health Emergency (PHE) Impact

On August 13, CMS provided updated guidance to support states for the eventual end of the Federal Public Health Emergency (PHE). The guidance is intended to minimize burdens for Medicaid members and limit coverage disruptions.

- The Centers for Medicare and Medicaid Services (CMS) initially issued guidance in December 2020. The August 13 State Health Official letter outlines updated policies, but signals that more detailed guidance will be available in the future.
- The August 13 updates did not indicate if the federal PHE will be extended.
 - The Department of Health and Human Services (HHS) previously indicated that it expects the PHE to continue through the end of 2021.
 - The most recent renewal of the PHE is scheduled to expire on October 18.
- Major updates to policies for unwinding federal Medicaid continuous coverage requirements include:
 - An extended timeframe to complete pending eligibility and enrollment redeterminations from six months to 12 months
 - States must complete a new redetermination for individuals who may no longer meet Medicaid eligibility.

Expected Redetermination

Manual Annual Renewals
(those who did not successfully complete the ex parte renewal
process)

Number of Members Impacted

Overdue Cases: 377,339 Overdue Members: 644,394

Individuals who Turned Age	19/21/26
----------------------------	----------

19		21	26	Total	
Medicaid	FAMIS	AA	FFC	TOLAT	
20850	1374	243	153	22620	

Individuals who Turned Age 65

Coverage Group

ВССРТА	Plan First	Expansion	Incarcerated	Total
45	1084	8136	115	9380

Pregnant Individuals who Reached the End of Postpartum Period

led PG	FAMIS MOMS	MN	Incarcerated	Total
16087	1123	10	17	17237

Individuals in Breast & Cervical Cancer Protection Treatment Act (BCCPTA) or Expansion Coverage who Began Receiving Medicare Coverage

BCCPTA Expansion		Total
42	7217	7259

Individuals who Reported a Change in Circumstances
Requiring a Redetermination

Unknown – information may or may not be recorded in the eligibility determination system.

SERVICE FACILITATION



Virtual Visits for Case Management and Service Facilitation: COVID-19 Experiences

- While DMAS continues to encourage face-to-face visits with proper CDC recommended precautions, members and families are afraid to allow people into their homes during the pandemic.
- Due to the recent increases in COVID infections, The Commonwealth is considering permitting virtual CM, SF, and PC supervisory visits up until the end of the federal public health emergency.
- DMAS has been in communication with key stakeholders to help address their concerns and find a common resolution.
- DMAS is working with VDH, DBHDS and OAG to ensure continuity of care for members and that any actions taken will not impact payment or licensure for service providers.

BEHAVIORAL HEALTH DASHBOARD



Behavioral Health Webpage



Privacy Practices Sitemap MES Portal Login ©

Search the site

Q



Behavioral Health

Overview

Virginia Medicaid provides an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations (MCOs) (through CCC Plus and Medallion 4.0), and through the Behavioral Health Services Administrator, which are contracted by DMAS. Virginia Medicaid's mission is to improve the health and well-being of Virginians through access to quality health care coverage. The Commonwealth dedicates significant resources to achieving that mission, and this webpage is a part of our effort to be good stewards of those resources and transparent about how we use them. The Mental Health Services Dashboard (coming soon!) is designed to provide helpful information on service utilization and high-level demographic information about individuals that participate in behavioral health services.

Thank you for taking a moment to browse our site. If you have any questions or need more information, don't hesitate to reach out to enhancedbh@dmas.virginia.gov.

NAVIGATE Behavioral Health

Mental Health Services
Dashboard

HEDIS Measures

Foster Care Reports

Performance Withhold Program

Network Adequacy Report



Behavioral Health Provider Dashboard

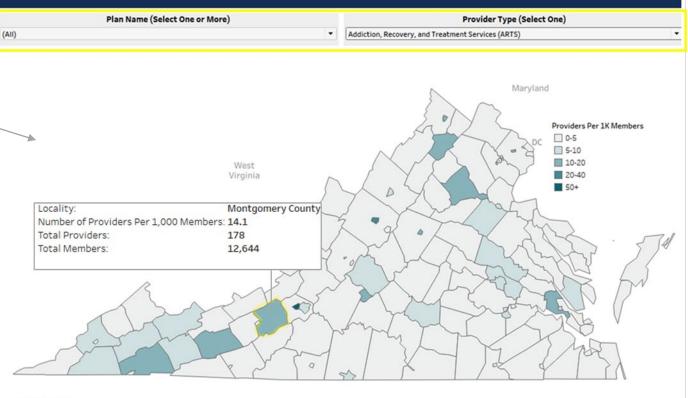
Filters for **Plan Name** and **Provider Type**

Hovering over a locality displays additional details: Provider Rate, Total Providers, and Total Members

The lighter colors indicate lower provider rates, and the darker color indicate cities and counties with higher number of providers per 1,000 members.

DMAS.virgina.gov
→Data→ Behavioral
Health→ Network
Adequacy Report

Number of Behavioral Health Providers Per 1,000 Medicaid Members



Footnotes:

- 1) Member locality (FIPS code) information is based on Department of Social Services caseworker entry and may not reflect a member's physical address.
- 2) Data for this map is current as of 06/01/2021.
- 3) The above map suppresses data for localities with fewer than 10 members (based on Medicaid enrollment data). The map also suppresses data for localities with less than 20,000 residents (based on 2010 census data). Data suppression ensures member confidentiality and adherence to DMAS and CMS data reporting regulations.



ADULT DENTAL COVERAGE



We're Live- Thank you!



It's Working: The Benefit is Meeting the Need

- Members accessing care (about 70,000 adults have accessed services since 7/1)
- Stakeholders are engaged
- Network development ongoing
 - 72 new providers since 1/21
 - 30 providers are in credentialing





What is Covered? – For Adults Age 21 and Older

- X-rays and examinations
- Cleanings
- Fillings
- Root canals
- Gum related treatment
- Dentures
- Tooth extractions and other oral surgeries
- Other appropriate general services such as anesthesia



Other Priority Updates

